

STATE OF MICHIGANJUDICIAL DISTRICT
JUDICIAL CIRCUIT
COUNTY PROBATE**CASE EVALUATION NOTICE****CASE NO.**

Court address

Court telephone no.

Plaintiff(s)/Petitioner(s)

v

Defendant(s)/Respondent(s)

☐ Probate In the matter of _____

Attorney name, bar no., address, and telephone no.

Attorney for:

☐ Personal service

Attorney name, bar no., address, and telephone no.

Attorney for:

☐ Personal service

Attorney name, bar no., address, and telephone no.

Attorney for:

☐ Personal service

Attorney name, bar no., address, and telephone no.

Attorney for:

☐ Personal service**NOTICE OF HEARING**

1. This case has been ordered to case evaluation.
The case evaluation hearing will be held:

on: _____
Dateat: _____
Time

at the following location:

2. The case evaluators are:

Name (type or print) _____

Bar no. _____

Name (type or print) _____

Bar no. _____

Name (type or print) _____

Bar no. _____

If you require special accommodations to use the court because of disabilities, please contact the court immediately to make arrangements.

IMPORTANT: See reverse side for an explanation of your responsibilities and warnings for failure to comply.

(continued on reverse)

RESPONSIBILITIES

In accordance with MCR 2.403, you are required to do the following:

1. Within 14 days from date of mailing/delivery of this notice, each party must send to the ADR clerk _____ checks in the amount of \$ _____ made payable to _____ .
2. At least 14 days before the hearing date, each party shall file with the ADR clerk 3 copies of documents pertaining to the issues to be evaluated and 3 copies of a concise brief or summary setting forth that party's factual or legal position on issues presented by the action. In addition, one copy must be served on each attorney of record. A copy of a proof of service must be attached to the copies filed with the ADR clerk.

FAILURE TO FILE THE REQUIRED MATERIALS WITH THE ADR CLERK OR TO SERVE COPIES ON EACH ATTORNEY OF RECORD BY THE REQUIRED DATE SUBJECTS THE OFFENDING ATTORNEY OR PARTY TO A \$150.00 PENALTY to be paid as follows:

Date

ADR clerk

CERTIFICATE OF MAILING

I certify that on this date a copy of this notice was mailed to the parties/attorneys by ordinary mail at the addresses stated above unless otherwise indicated.

Date

ADR clerk